

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593449

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	5			1		
17	5			1		
18	1			1		
19	1			1		
20	2			1		
21	1			1		
22	1			1		
23	2			1		
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29	2			1		
30	2			1		
31	2			1		
32	2			1		
33	①			1		
34	①			1		
35	①			1		
36	①			1		
37	②			1		
38	②			1		
39	②			1		
40	②			1		
41	②			1		
42	②			1		
43	②			1		
44	②			1		
45	1			1		
46	②			1		
47	②			1		
48	②			1		
49	②			1		
50	②			1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		④		1		
52		④		1		
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98						
99						
100						
TOTAL IND.		2		2		
TOTAL DEP.		69		48		
TOTAL CLAIMS		71		50		